(Print Name of lobbyist)

PLEASE PRINT

## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 16 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Brent	Miller			
II. Name of lobbyist's	partnership, firm or	corporation, if any	:		
Congless one	e of partnership, firm or	corporation)	<u> </u>		
Business Address: (Stre	lun et)	Arlington (Town/City)	VT (State)	<u>05250</u> (Zip Code)	
(80)) <u>430 - 71</u> (Telephone)	71(	(Fax)	e-mail bmill	er@ Congression	al sportsmen, arg
III. This statement cov reportable expense tra	vers: (Choose one – f insactions which are	ile separate reports not attributable to	for each client, OR you any one client).	may file a separate re	port for
All reportable transa	actions occurring in th	e months prior to the	reporting date relative to	o the following client:	
Congressio	nal Sports (Full Name of Client as	Men's Fou			
OR ☐ All reportable transa unrelated to any particu		(including the lobby	ist's family), or the lobby	ying firm listed below v	vhich are
IV. Date of Report Reports cover: activity	April 25, 2018   ty from date of registrate	ion to 3/31/18	July 25, 2018 activity from 4/1/18 to 6/36	0/18	
, a	October 31, 2018 Cactivity from 7/1/18 to 9/		January 30, 2019 activity from 10/1/18 to 12		
V. There have been If this box is checked, c Concord, NH 03301.	no fees received an omplete just this form	d no reportable to and submit it to the	ransactions made sind Secretary of State's Offic	ce the last report. ee, State House, Room 2	☑ 04,
VI. Check if additiona			•		
			Addendum A-Fees and		
☐ If you have paid an Expense Reimbursement		ursed expenses, you	must file Addendum B-	Report of Honoralium	, 01
		le political contributi	ons, you must file Adde	ndum C– Political Con	tributions
Sworn Statement/Affi I have read RSA 15, RS and complete to the bes	SA 15-B, RSA 14-C a	nd RSA 664 and her	eby swear or affirm that t	the foregoing information	on is true
(Signature of lobbyist)				(Date)	
Brent Mil	10				,